(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

500-	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		
3 5 3 9 DEC 31	D NAME FIRST	MIDDLE	IAST	REG. NO.  20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
3 7 T	PE OR PRINT) Ada	Mae	Artis		-86 10:30am
1 80/2	3. SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
1	Female	White	Feb. 13, 1886	100 YRS.	MONTHS DATS HOURS MIN.
1 1185	BIRTHPLACE (STATE OR FOREIGN COUNTRY) W. Va.	76. CITIZEN OF WHAT COUNTRY? USA	8 MARRIED □ NEVER MARRIED □ WIDOWED ☑ DIVORCED □	9 BALTIMORE CITY OR COUNT Garrett	Y OF DEATH
1 100	Grantsville		NG HOME OR OTHER INSTITUTION	12g USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI HOMEMAKEY	126. KIND OF BUSINESS OF
1 1/201	SUAL RESIDENCE (IF NURSING HOME O	R OTHER INSTITUTION GIVE RESIDENCE BEFORE	E ADMISSION)	13e.STREET ADDRESS / ZIP COD	
る。資源がつ		rett Mt. Lak	e Pk. YES W NO [	209 D Street	21550
1/1	FATHER'S NAME FIRST Lloyd	MIDDLE LAST Heckert	15. MOTHER'S MAIDEN NA FIRST Annie	MIDDLE	Winters
1 /1	160 WAS DECEASED EVER IN U.S. AL	RMED FORCES? 166 SOCIAL SECU		ADDRESS D+	. 1 Box 324
24 34	(YES, NO OR UNKNOWN) (IF YES, GI	213-74-	1559 Barbara Haus		
been upped by the observable in Their places remains option to burst or cemation, by any injury, or other traumation to the traumation of the center of the	Canditians, if any, which gave rise to immediate cause Ial, stating the underlying cause last.	DUE TO, OR AS A CONSEQUE (b) The DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO	roscleration C	20a AUTOPSY? 20b. IF YE	VEN IN PART I I I I I I I I I I I I I I I I I I I
20 20 20 20	2)a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	123- HOW IN HIRV OCCUP		FYING CAUSES OF DEATH?
KCIAN B physical mod the	OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH D	AY YEAR	(SMER NATURE OF INJUNT IN TIEM IS	PART   ORPART 2)
of phrid	21d INJURY OCCURRED  WHILE NOT WHILE I WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, I	FARM, ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTENDIN potal or TOR: Al for use of Healt	saw the deceased alive a	oftal) attended the deceased fram_n / 2 - 20 - 81 19 of) view the body ofter death.		, ta /2-20 n death accurred an the date and ha	ur and fram the causes stated
AL OR A the hor to Digit to Digit	226. SIGNATURE	US .	DEGREE  ATTENDING PHYSICIAN	MEDICAL STAFF	12-74-A
HOSPIT, HUNER, FUNER, Mid be d Min the Sto	George B.	Stoltzfus, M.D.	22e ADDRESS	le, Maryland	
5 5 5 5 3 4	23a. BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
BP	Buriaa .	/ 12/22/86 , St	. John's Cemetery	Red House G	arrett Marylan
DHMH - 16 60M 7/84	24 FUNERAL DIRECTOR LETT	4 Durst ADDRESS	250	IF REC'D BY REGISTRAR 256 REGIS	TRAR'S SIGNATURE

art and the man Allen, M. Mr. Philip

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO KNOWN (TYPE OR PRINT) E. DEATH MATED BENNETT Raymond 19 4. RACE DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE MONTH YEAR EAST BIRTHDAY PRONOUNCED 80 DEAD Male White 26 To BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY) Garrett Md. USA WIDOWED DIVORCED IO CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS DOAO Garrett Go por Mem. Hospital CakLand Banker Banking USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13b. COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS YES Md Garrett Friendsville NO S 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Bennett Leola Williams 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRED2, Box 60 168-07-9114 Mrs. Raymond Bennett Friendsville, Md, No 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). BETWEEN ONSET AND DEATH - TRANSIT PERMIT ENTAL HYGIENE, OR REMOVAL. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (Arteriosclerotic Occlusion, Left Coronary Artery sudden DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES T 216. TIME OF INJURY 21a EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR ell from barn roof and fractured pelvis. CONTRIBUTING CAUSE OF DEATH 210 PLACE OF INJURY SATHOME 211. LOCATION 21d INJURY OCCURRED THE LACTORY, FARM, ETC.) Rt. 2. Box 60 Friendsville Garrett Md. WHILE AT WORK AT WORK TO MELS EXECUTE THE Cass PAGE 4 SHOULD BE FUSH TO FUNERAL DIRECTOR: PY AFTER DEATH, WITH THE ST STIMORE, MARPIGAND, Autopsy X The Learning than twok charge of the remains described above, held of Inspection and in my apinian Undetermined manner 12-2-1986 MEDICAL EXAMINER James H. Feaster, Jr., M. D. 107 S. 2nd. St., Oakland, Maryland 230. BURIAL, CREMATION, REMOVAL DATE 23d LOCATION COUNTY STATE Addison Cemetery Addison Buria 07/84 Somerset 25M ME FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE **DHMH - 17** Humbert Funeral Home, Inc. Confluence, Pa. []FI: 00 1096 (VR A15 ME (5))

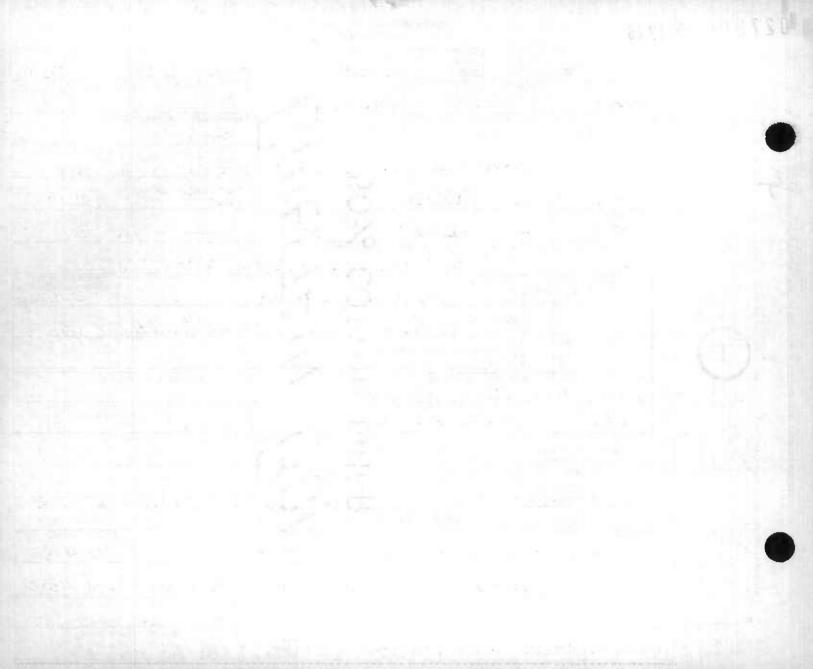
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29622 J	AN	FOR STATE REGISTRAR	DEF	STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE B C REG. NO.	3 5 4 3 4
		. DECEASED NAME FIRST (TYPE OR PRINT)	WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
noy be poge 3		Reula	h Lucreta	BITTINGER	December 30,	1986 12:55p <sub>M</sub>
		I. SEX	4 RACE	5. DATE OF BIRTH	& AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
Poge 4 director, hours off		Female	White	June 19, 1899	87 YRS	MONTHS DAYS HOURS MIN.
deoth. Pog unerol dire hin 72 hour	OK!	BIRTHPLACE (STATE OR FOREIGN COUNTRY) West Virginia	76 CITIZEN OF WHAT COUN	MARRIED   NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
4 + 70	-	O CITY OR TOWN OF DEATH		WIDOWED DIVORCED URSING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	126 KIND OF BUSINESS OR
by the	9	Oaklarid	Garrett Coul	nty Memorial Hospital	Housewite	INDUSTRY Home
hin 24 hourly filled in should be in the	100	USUAL RESIDENCE (IF NURSING HOME 136. STATE 136 COL	INTY 13t CITY OF	TOWN 134 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP COI 834 High Stree	et 21550
5 2 1	1	4 FATHER'S NAME	MIDDLE LA	IS MOTHER'S MAIDEN N	AME MIDDLE	LAST
comple 1 and	10	Roy	Oren Wint	ters Nellie	Lucreta	Moon
9 _ 8		60. WAS DECEASED EVER IN U.S. A		SECURITY NO. 17 INFORMANT	ADDRESS	
be exected on ond or s. Poges		(YES, NO OR UNKNOWN) (IF YES, C	214-	16-2703 Eleanor J. S	Smarr Deer Par	
affer a pry			polly one cause per line for (a), iSED BY:  ATE CAUSE (a)  DUE TO, OR AS ACON  (b)	no puse money	- Failure	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
equires that the signed by the please rate buried, creme injury, on other rates.		cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CON	SEQUENCE OF  G TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION G	IVEN IN PART ITO
en s er s ar to		O Dicel	etes mel	21415		
n. n. ne prime permit	7	NO DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR V	VHICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF Y	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH?
40 - 00	$\leq$	E .				YES NO
SiCIAN: The physicio certificate trial-transit entol Hygie lem 18 sho	9	OR CONTRIBUTING TO CAUSE OF E	EATH HOUR A.M. MONTH	H DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
PHYSK trending the burish and Men	1	THE STIMER, NOTIFY MEDICAL EXAMIN  216. INJURY OCCURRED  WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, C	211 LOCATION	CITY OR TOWN	COUNTY STATE
DING or of After of the				from October 10 8	1. 10 Den	19 8 6 that (I) (we) la
0 6		sow the description	pital) attended the deceased in Doc 29		, 10	
OR ATTEN OR ATTEN The hospital DIRECTOR Sched for u Dept. of He		obove iff [wei fdid) fdid.	(ot) view the body after death.		ocom occorred an the date and hi	
Oche Dep		77h SIGNATURE	1	DEGREE ATTENDING	1 MEDICAL STAFF	224. DATE SIGNED
교후 교육을		Mary	munde	PHYSICIAN	DIRECTOR   PHYSICIAN	
HOSPITAL FUNERAL FUNERAL old be det h the Store ORTANT:		22d. PHYSICIAN'S NAME	OR PRINT)	22e ADDRESS		
TO HOSPITA TO FUNERA Should be di with the Sto		Dr. Mark	Domenick MD			
5 5 5 4 3 8		23e. BURIAL, CREMATION, REMOVA		234 NAME OF CEMETERY OR CREMATORY	23d LOCATION	
BP	1	(SPECIFY) Burial	1/2/87	Garrett Co. Mem. Gd	ns Oakland Gar	rett Maryland
		24 FUNERAL DIRECTOR	1 -1 -1 01	25a DA	ATE REC'D BY RECHSTRAR 256 REGI	STRAR'S SIGNATURE
DHMH - 16 60M 7/ (VRA 15, 4)	/84	Bradley A. Stewa	rt Oakland, N	aryland 21550 JA	N 8 1301 Tresa	Drago





## STATE OF MARYLAND

	CERTIFICATE OF DEATH	REG. NO.	
Viola	CODDINGTON	November 24, 198	7:00a
hite	5. DATE OF BIRTH  MONTH OAY  Oct. 19, 1900	& AGE (IN YEARS LAST BIRTHDAY) IF U	NDER I YEAR IF UNDER 24 HRS THS DAYS HOURS MIN.

To. BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY

USA West Virginia WIDOWED (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

Garrett 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)

MIDDLE

Housewife

17b. KIND OF BUSINESS OR INDUSTRY Home

Oakland Garrett County Memorial Hospital USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) Garrett

4 RACE

White

Oakland

13d INSIDE CITY LIMITS? YES X NO [ 15. MOTHER'S MAIDEN NAME FIRST

13e.STREET ADDRESS / ZIP CODE 737 E. Oak Street

9. BALTIMORE CITY OR COUNTY OF DEATH

21550

14 FATHER'S NAME

1. DECEASED NAME (TYPE OR PRINT)

Female

10\_CITY OR TOWN OF DEATH

Marvland

3. SEX

NO

CERTIFICATI

MEDICAL

MIDDLE Calvin Roy 160 WAS DECEASED EVER IN U.S. ARMED FORCES?

Wotring 166 SOCIAL SECURITY NO.

Effie 17 INFORMANT

Frances ADDRESS

CITY OF TOWN

LAST Shaffer

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

IYES, NO OR UNKNOWN! no

Mabel

(IF YES, GIVE WAR OR DATES) 213-74-8418

LAST

Cumberland, Md. Coddington.

18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

190. DATE OF OPERATION

Conditions, if ony, which gove rise to immediate couse (o), stoting

underlying couse lost

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR

20a AUTOPSY? 196 CONDITION FOR WHICH OPERATION WAS PERFORMED NO 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [ YES T

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

P.M 19

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART I OR PART 2)

COUNTY STATE

NOT WHILE

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 27a.1 certify that (1) (this hospital) attended the deceased from

21e. PLACE OF INJURY

211 LOCATION

Garrett

sow the deceased alive ap\_ obove, (I) (we) (did) (did not view the body ofter deoth. 27b. SIGNATURE

DEGREE

22e ADDRESS

ATTENDING MEDICAL STAFF PHYSICIAN -DIRECTOR PHYSICIAN

27d. PHYSICIAN'S NAME

230. BURIAL, CREMATION, REMOVAL

(SPECHY)
Burial

24 FUNERAL DIRECTOR

23¢ NAME OF CEMETERY OR CREMATORY Oakalnd Cemetery

23d LOCATION CITY OR TOWN Oakland

Marylad

BP

DHMH - 16 60M 7/84 (VRA 15, 4)

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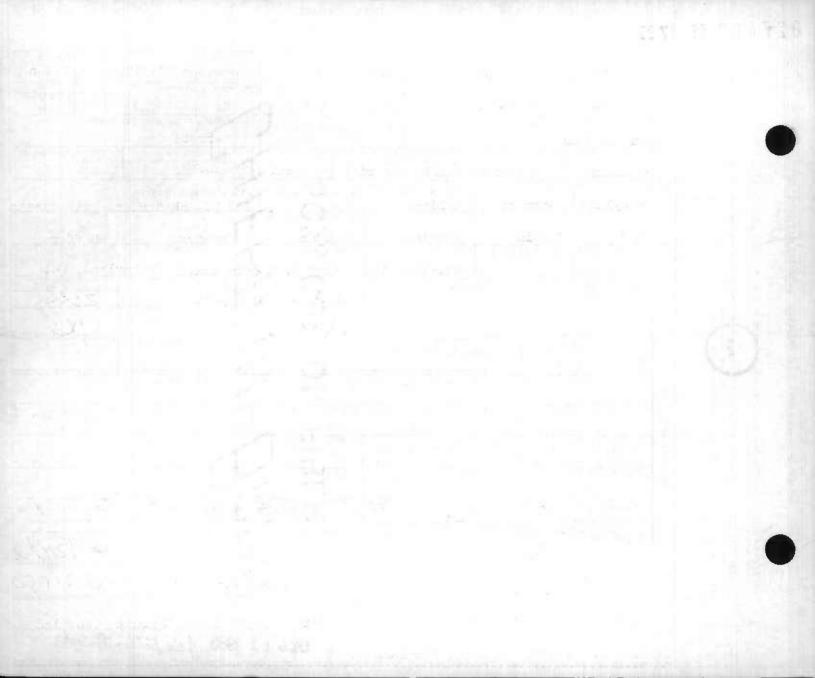
Bradley A. Stewart Oakland, Maryland 21550

11/26/86

23b. DATE

D. DY REGISTRAR 25b. REGISTRAR'S SIGN AT

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated



				1 -	FOR STATE REGISTRAR			DEPART	MENT OF H	E OF MARYLA EALTH AND N ICATE OF D	MENTAL HYG	BIENE 8	<b>Ö</b> REG. NO	3	5	3 /
0 7					CEASED NAME	FIRST		MIDDLE		AST		2e. DATE O	F DE ATH	MONTH DA	AY YEAR	26 HOUR
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	OE	0.0		3. SE)			4. RACE		5. DATE (			6. AGE (IN	YEARS LAST BIRT	HDAY)	FUNDER 1 YEAR	IF UNDER 24 HRS
	9e 4	rs of	-7		Female	200	Wh:	ite	Ser	t.17,	1895	91		YRS	DNIHS! DAYS	HOURS MIN.
	eath. Pog	72 hou	76	70 BI	RTHPLACE (STATE OR F	OREIGN		WHAT COUNTRY?	8	D NEVER M	ARRIED		RECITYO	R COUNTY O	OF DEATH	MD .
102	rs ofter d	and with	5	0	ty or town of DEA akland		Garr	HOSPITAL, NURSING FACILITY, GAVE STREET COUL	ADDRESS)			LTYPE OF WOR	OCCUPATION OF OMEMOSTO	WORKING LIFE)	INDUSTRY_	F BUSINESS OR
MORE, MARYLAND 2120	n 24 hou	nould be	S. C.	13a. S	Md.	136 COUN		136. CITY OR TOW Kempto	N		NO 🗌	13e.STREET	ADDRESS /	ZIP CODE	26	292
MARYL	ted within	20/0	0		THER'S NAME FIRST  John	V	MIDOLE	Davis			Marth 8		MIDDLE		A	nold
ORE,	xeco	Pages			VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU		17. INFORMAT			ADDRE		* ***	
¥_	pe e	S. Po			No			233-96	4155	Caro	ol Pas	se	Tho	mas,		IMATE INTERVAL ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. BAL	requires that the death dentities	peen signed by the prending pay mit. Then please remave carbonpa prior to buriol, cremotion, ar remo-		CERTIFICATION	Conditions, if any, gave rise to imm couse 101, statin underlying cause  PART 2. OTHER SIGN  TAXABLE	which nedicte g the last.	DUE TO, O  (b)  DUE TO, O  (c)  ONDITIONS C	R AS A CONSEQUENT ON TRIBUTING TO	ENCE OF	\$ es 0	TO THE TERM	us				
REC	n.	o de la		FICA	190 DATE OF OPERAT	IION •	1% COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	MED U	20e AUT		IN CERTIFY	WERE FINDING CAUSES	OF DEATH?
ITAL	The	D 20 00 00		ERT	21g. ACCIDENT WAS UND	DERLYING	21b. TIME C	OF INJURY		Izic How IN	JURY OCCURE	YES	NO N	YES		NO []
V Y	SICIAN: 19 physic		Total Control		OR CONTRIBUTING		177		AY YEAR			(Ellien				
NOISION	offending phys	arret mis cerming as the burial-trailing although Mental morked or them		MEDICAL	(IF EITHER, NOTIFY MEDIC 21d. INJURY OCCURE WHILE NOT WH AT WORK AT WOR	RED	21e PLACE	.M. OF INJURY REET, FACTORY, OFFICE,	ARM, ETC )	211. LOCATIO STREET	N _		CITY OR TO	wn	COUNTY	STATE
۵	ENDIN	H L	2		22a.1 certify that (1) saw the decease		al) attended th		6	nd that in (my) (	19 86	to		2/12/	-	that (I) (we) lost
	ATT	ed for		a	above, (1) (we) (d	lid) (did not	view the bady	after death.	7	DEGREE	(dor) aprillari		ed dir me de	ne una noor	22c. DATE	
	ITAL OR by the h				22d PHYSICIAN'S NA	uge	net	Kun	4	160 A	TTENDING PHYSICIAN	MEDICAL	STAF PHYSIC	F IAN 🗌	12-	. 00
	O HOSPITAL etoined by the	584 8				0	KAI			311 N	431	mite	36	alcla	nd w	421532
	F 6	. , 2	4		URIAL, CREMATION.	_	23b. DATE			emetery or c		23d. LOC.	ATION	and	CONTINE	ett Md.
	BP_		431	24 FI	Buria INERAL DIRECTOR		Dec.1	7, 1700	Ga	TELL					AR'S SIGNAT	
		16 60M 7. A 15, 4)	/84		Lester	R. H	inkle	Davis	, WV		DEC	1919	16 gu	Durd	ars signal	line.

The first of the second of the Carlo Telegraph (190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 1 The state of the s black the same of Transfer the second section of the section of the second section of the section of 

2011	R IAN -	1 8	FOR STATE REGISTRAR		DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	GIENE BEG. NO	3	5	3 3
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9	oge 3 death		Walt	er Cla	ark I	DeBERF	RY	December	29. 1	986	3:30 P M
E	e e	3. S	EX	4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIRT		IF UNDER 1 YEAR	
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Po P	事品	-7a. I	BIRTHPLACE (STATE OR FOREIC	76. CITIZEN OF	WHAT COUNTRY?	8 MADDIE	NEVER MARRIED	9. BALTIMORE CITY O	COUNTY	OF DEATH	
e 0 +	2		Maryland	USA		WIDOWE		Garrett			MD.
5	at A	10 0	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120. USUAL OCCUPATION		12b. KIND (	OF BUSINESS OR
5 30	led th		Oakland		t Co. Memo		Hospital	Farmer	WORKING LIFE		Farming
212 Noun	be f	13a	JAL RESIDENCE (IF NURSING H	OME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE		134 INSIDE CITY LIMITS?	13e.STREET ADDRESS	7ID CODE		
NND 24	量量 首			Garrett	Oakland		YES NO W	Star Rt. 1			50
ry L	2 sh	14. F	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA				
MAM y	ond ond		Clark	WIDDLE	DeBerry		Jane	Margaret	: F	redloc	
RE,	es de co	1 160	WAS DECEASED EVER IN U		16b. SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRE	55		
OP ex	Poges medic		(YES, NO OR UNKNOWN) (IF	YES, GIVE WAR OR DATES)	215-36-9	9811	Mrs. L. Ma	e DeBerry -	same	as 13	
BALTIMORE,	6 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		18 CAUSE OF DEATH (Er PART I. DEATH WAS C	nter anly ane cause pe	er line for 101, (b), and	d (c).)				APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
	E S			EDIATE CAUSE (0)	SNEO	unon	A.			de	543
PRESTON ST.,	mo notion, ar r froumon			DUE TO, C	OR AS A CONSEQUE	NCE OF	1 1 /	. 0	7.		
d	the all rema emotion er troum		Canditians, if any, whi		AVIE	1056	Cerotic (our	is was cular	Pes	40	ears.
W to	se rem cremo		gave rise to immedia couse (a), stating to underlying cause la	he DUE TO. C	DR AS A CONSEQUE	NCE OF				/	
RDS, 201	Then plea to burial njury, ar	No.	PART 2. OTHER SIGNIFIC	ANT CONDITIONS C	ONTRIBUTING TO D		NOT RELATED TO THE TERM		DITION GIVE	EN IN PART 1	a ·
AL RECORDS, the fow required.	it permit.	CERTIFICATION	190 DATE OF OPERATION	19b. COND	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES IN CERTIFY YES	, WERE FINDI YING CAUSES	NGS USED S OF DEATH?
DIVISION OF VITAL NG PHYSICIAN: The	certificate his unial-transit provide Hygien Aental Hygien I Shaw	1	210. ACCIDENT WAS UNDERLY		OF INJURY	AY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PA	ART I OR PART 2)	
O S P P	the burial-transfer ond Mental	MEDICAL	OR CONTRIBUTING CAUSE	OFDEATH	.M.	19	the rather of				
NO!	by d W	) i	21d. INJURY OCCURRED		OF INJURY	A DAA SYC )	211 LOCATION	CITY OR TO	WN	COUNTY	STATE
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TTEN	for u		saw the deceased all above (1) (we) (did) (	ive on	= 29 19 J	<u>6</u> , ar	nd that in (aur) opinion	death occurred an the do	te and haur	and from the	causes stated
e hos	Direct oched Dept.		22b. SIGNATURE	ara nar view me body	y direr deam.		DEGREE			22c DATE	
	detoclaste Diagram		1	nance	m		20 A ATTENDING	MEDICAL STAF	F	12-	30-86
SPIT,	FUNERAL old be det of the State	1	22d. PHYSICIAN'S NAME	(TYPE OR PRINT)			22e. ADDRESS	JIKECTOR   THISIC	AIT L		
			Thomas M	lance, D.O.			Third St.	Oakland, N	larvla	nd 215	50
of of of	5 d ₹ ₹	23a.	BURIAL, CREMATION, REM			NAME OF C	EMETERY OR CREMATORY	23d LOCATION	2		
BP_			Burial	1/2/87	7 Der	Berry	Family Cem.	Oakland	Garr	county Ma	arvland
	14 4011 746	24	UNERAL DIRECTOR	14/1/1/	4	JUL L Y		E REC'D. BY REGISTRAR			
	16 60M 7/84 (A 15, 4)		Durst Funera	1 Home - (	Dakland, N	Maryla	and 21550 JA	N 5 1987	Julia	Dividen	Rendals

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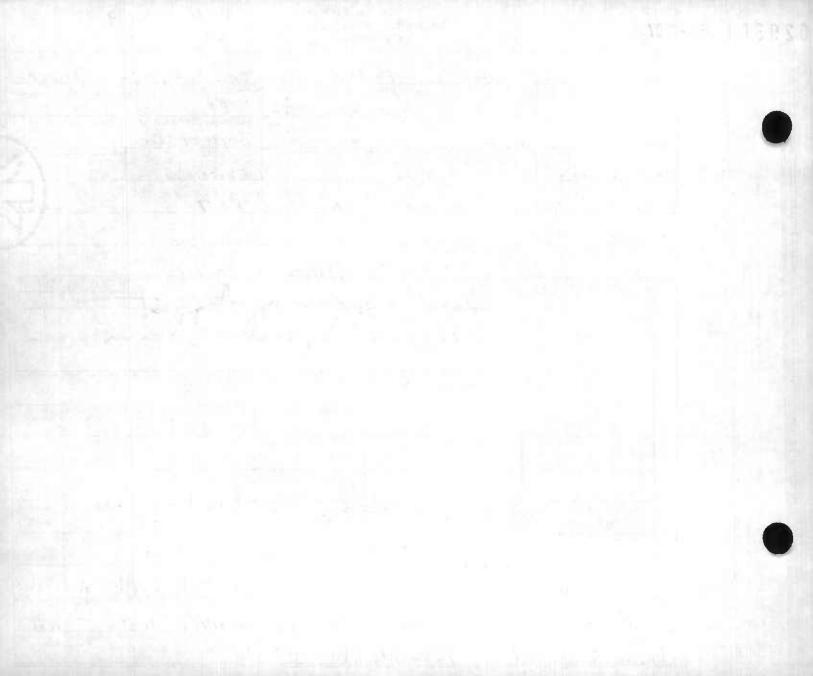
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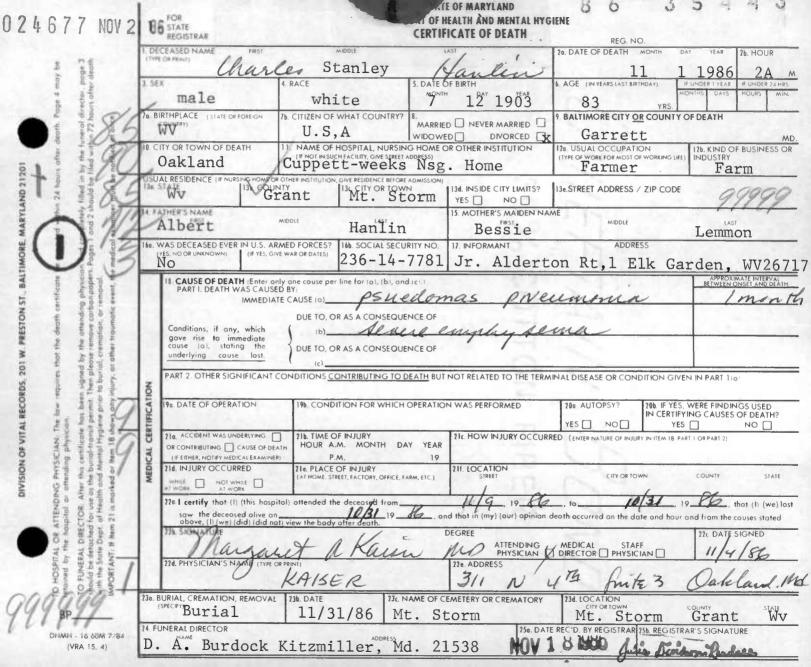
Balance Grand Committee and Albert Free St. 1977 To the Section St.

29361 JAN	-618	FOR STATE REGISTRAR	DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE B 6 3	5 4 4 0
		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
oge 3	(TYP	OR PRINT)	adding ton	Feather	Dec, 29.198	86 7:ACPM
pool er de	3. SE	X	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
cror soft	1	n.le	1.1: to	MONTH DAY YEAR  09-12-1902	84 YRS	MUNTHS DAYS HOURS MIN.
rog dire	70. B	IRTHPLACE I STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	TRY? 8	9 BALTIMORE CITY OR COUNT	Y OF DEATH
27 Per of h.		V Va	11 5 0	MARRIED NEVER MARRIED WIDOWED DIVORCED	Garrett Co	MD.
ab co		ITY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NU	IRSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
1 4 91	h	Kland . md .	Cuppett + W		Exetrician	(FE) INDUSTRY
1120	usu	AL RESIDENCE (IF NURSING BA	WE OR OTHER INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSION)		GOGGG
9 美學及		41 100	ounty 130 CITY OR	-/	130 STREET ADDRESS / ZIP COD	777
A 1/33/9*		ATHER'S NAME		15 MOTHER'S MAIDEN NA	AME	3-0-7-67
NA 1 11 713	9 ,	rui, le	MIDDLE LAST	A /. FIRST	MIDDLE	LAST
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MON STATE OF THE S	3		S GIVE WAR OR DATES)	2.1170 Charles	e contlor	
ad and	1	N/O	er anly ane cause per tipe far (a), (b		N. FEGINER	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
S, 201 W. PRESTON over, that the death of gred by the attendin or pilcon remove cost by let attending or thy or other transmarks.	,	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICAL	DUE TO, OR AS A CONS	inic Bpir	WINAL DISEASE OR CONDITION GI	VEN IN PART 110
RECORDS  e low man  n.  cas be no  me promit	CERTIFICATION	,90 DATE OF OPERATION	196 CONDITION FOR WI	HICH OPERATION WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
The coo	- 1	21a. ACCIDENT WAS UNDERLYING	G 716, TIME OF INJURY	71, HOW IN HIRY OCCUP	RED (ENTER NATURE OF INJURY IN ITEM 18	ES NO
DF VIII		OR CONTRIBUTING CAUSE OF	PEATH HOUR A.M. MONTH	DAY YEAR	(ENIEK MATORE OF INJURY IN TEM 19	PARTI OR PART 2)
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		AT WORK		am 17 75 10 5	1. 15 1 5 4	1985 tho (R (we) last
TTEND option of TOR: A for use of Heal		saw the deceased alive	aspital) attended the deceased free an NCW1000 P		death accurred an the date and ha	
hospined for other 2		abave, (II (we) (did) (dia	d nat: view the bady after death	DEGREE	Total decorred an ine date and ha	226. DATE SIGNED
0 0 0 0 0		RA	much	ATTENDING PHYSICIAN	MEDICAL STAFF	M. DATE SIGNED
CO HOSPITAL etcined by th TO FUNERAL should be deto with the State IMPORTANT: II		CIAN SNAME III	YPE OR PRIATI	27e ADDRESS 3// N/ C	Kty St OF	ALCANDING
5 5 5 4 3 M	230	BURIAL, CREMATION, REMOVE	VAL 236 DATE 1/1/87	136 NAME OF CEMETERY OR CREMATORY Terra Alta Cemetery	23d LOCATION CITY OR TOWN	COUNTY 26 151
160000		UNERAY DIRECTOR	7.707		TE DEC'D BY DEGISTRAPING DEGIS	TRAP'S SIGNATURE
(WRA 45, 4)	0	their ld. Wn	ieht Te	ing alla W/a. JAI	105 1987 Julia d	Lorder - Rendalle



0	2767	' l De	6, L	FOR STATE GEGISTRAR			DEPART	MENT OF H	E OF MARY LEALTH AND LICATE OF	D MENTAL HYG		G. NO.	3	5 4	C. Annual C. Ann
	m c			CEASED NAME	FIRST		WIDDLE		AST		2a. DATE OF DEA			YEAR	26 HOUR
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	4 mo		3 SEX			RACE Whit		5. DATE C	ch 22°,	10ሸቴ	6. AGE (IN YEARS L	AST BIRTHDAY)	MON	INDER I YEAR	IF UNDER 24 HRS HOURS MIN.
	a Bo	-	2. ni	Female				1	211 22,	1903			YRS.	DEATH	
	4 BC	74		RTHPLACE (STATE OR FO	OREIGN		WHAT COUNTRY?	MARRIE		R MARRIED	9. BALTIMORE C		UNIYOR	DEATH	
	deo	72	10 CI	Maryland  IY OR TOWN OF DEA	TH		JSA HOSPITAL, NURSII	WIDOWE		DIVORCED	Garr		Т	12k KIND O	MD. F BUSINESS OR
5 1	rs ofter	65		0akland		Garrett	County	Memor:			Executi		KING (IFE)	Hospi	
ND 21	24 hours	35	13a S	L RESIDENCE (IF NURSI TATE Md.	13b COUN	TY	131. CITY OR TOV		13d. INSIDE	E CITY LIMITS?	Rt. 44,	ESS / ZIP	cone 60°	21	L550
3.5	ithin 2 sh	127	14 FA	THER'S NAME		MDDLE	TZAL			R'S MAIDEN NA		DIE			
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ORE,	xecul nd co	dicol		AS DECEASED EVER		MED FORCES?	166 SOCIAL SEC		17 INFOR			DDRESS	# <b>7</b> 0		
TIM	o no s. Po	Ĕ /		No			214-30-	6598	Mrs.	Jane B.	Garrett,	See	非L3。		
BAI	icote	avol.		18 CAUSE OF DEATH PART I. DEATH W.	Enter and	y ane cause pe								BETWEEN	MATE INTERVAL ONSET AND DEATH
I ST.	g p	eve			IMMEDIATE	CAUSE (a)	Preu		19					4	days
PRESTON				Conditions, if any,	nahish.	DUE TO, O	LOPD.		Hom	10				110	155
PRE	1 1	17	p)	gave rise to imm	ediate	(b)_	R AS A CONSEQU		- 1 // 1	161		-49		10	
*	1			underlying couse		(6)	R AS A CONSEQU	ENCEOF							
5, 20	gne g	ny.	_	PART 2 OTHER SIGN	IFICANT C	ONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELAT	ED TO THE TERM	INAL DISEASE OR	CONDITIO	N GIVEN	IN PART 110	2.
ORD	requ	or to	TION	Dementio	, mi	d lan	hinson:	5 dis	ease	card	ac as	ryTh	me		
REC	low os be	o bu	CERTIFICATION	19a DATE OF OPERAT	ION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PER	FORMED	20a AUTOPSY	. IN	CERTIFYIN		OF DEATH?
ITAL	The sicion of his	sha	ERT	71a. ACCIDENT WAS UND	ERLYING	21b. TIME C	DE INJURY	-	Tale How	IN IURY OCCUPE	YES NO		YES [		NO 🗌
DF V	phy phy rufice ol-tro	em 18		OR CONTRIBUTING C	AUSE OF DEAT	HOUR A	M. MONTH D	AY YEAR			LED TEINIER WATORE	// W430W1 W411	EW IB FAKI	0,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
DIVISION OF VIT	HYSK Iding	or Ite	MEDICAL	(IF EITHER NOTIFY MEDIC		21e. PLACE	M. OF INJURY		211 LOCA	TION		OR TOWN		COUNTY	STATE
IVIS	offer the	rked	¥	WHILE NOT WH	ILE	(AT HOME, ST	REET, FACTORY, OFFICE,	FARM, ETC }	SIR	m e l	CITY	OKIOWN	, ,	COUNTY	STATE
۵	NDIN I or	s To		22a. I certify that (I) saw the decease	X00000	ottended th	e deceased from		198	19	to	12	9/ 19.	86	that (1) (XXX)ast
	ATTE spita CTO d for	n 21		above, (I) (VE) d	d olive on	view the body	after death.			ny) 💯 apinian (	death occurred an	the date or	nd hour ar		
	OR he ho	Depl f ker		224 SIGNATURE	,	NI			DEGREE	ATTENDING &	MEDICAL	STAFF		22c. DATE	SIGNED
	by 18	Stote		22d. PHYSICIAN SINA	ALF LIVE OF	CA	ausin		22e ADDR		MEDICAL DIRECTOR P	HYSICIAN		101	9/86
	etoined by the TO FUNERAL should be deto	with the Sta		Dr. Man		11.0	SER		311	N 47	Suita	3 (	Dak	clan	1 Mdn
	Te re	3 4 /		URIAL, CREMATION, I		23b. DATE				R CREMATORY	23d. LOCATION	MM -	c	OUNTY	STATE
	BP	_	24.5	burial		12/1	2/86   Qa	akLand	Cemet		Oakland	,	arret	,	aryland
	DHMH - 16 6			INERAL DIRECTOR	tor rea	+ 001	kland, Ma		4 210	Den	REC'D. BY REGIS	TRAR 25b. R	EGISTRAI	R'S SIGNAT	URE
	(VRA 15	, 4)	DJ	adley A. S	cewal	L Va.	Maid, M	ryran	d 215	50415	ROW.	ulta ()	cordina	S COLO	131 "

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0 Z J 0 J J JAN	I DE	REGISTRAR CEASED NAME	FIRST	A	AIDDLE		AST		REG 20. DATE OF DEATH	NO.	DAY YEAR	Zb HOUR
ay be oge 3 death		OR PRINT)			Calvin		ight		Dec. 1			5:35m
мау b poge	3 SE	X .		4. RACE		5. DATE C			6 AGE (IN YEARS LAS		IF UNDER 1 YEAR	IF UNDER 24 HRS
Page 4 mcdirector. phours offer.	100	Male		Wha	ite	Ham	28,	1920	66	YRS.	MONTHS DAYS	HOURS MIN.
Pog		RTHPLACE (STATE OR FO	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	NEVER	MARRIED -	9 BALTIMORE CIT	Y OR COUNTY	OFDEATH	
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in by the fu	/10 CI	Oakland	TH		HOSPITAL, NURSING HEACHTY, GIVE STREET Coun	ADDRESS)	emoria		TIZE USUAL OCCUP TYPE OF WORK FOR MO Mill	ST OF WORKING LI		of BUSINESS OR
	13a. S	AL RESIDENCE (IF NURSI STATE WV •	174 COU	rother institution, NTY eston	13c. CITY OR TOW		13d. INSIDE (	CITY LIMITS?	13e.STREET ADDRES		99	999
rely 2 sh	JA. FA	THER'S NAME		MIDDIE	LAST		15. MOTHER	'S MAIDEN NAM		NI STATE		
MAM ba line	17	Obie		WIDDLE	Kigh	t		Myrtle	WIDDI	E	Kie	zht:
RE.	lée V	VAS DECEASED EVER I			166. SOCIAL SECU		17 INFORM			DRESS	Georg	7
BALTIMORE, MARYLAND cate be executed within 24 spicion and completely fille opers. Pages 1 and 2 should voil. it, the medical examiner was	-	Yes no or unknown;	WW	II	235-14	-6516	War	nda Kiş	ght Rt.	2 Box	302	St.
SALT ore to personal.		18 CAUSE OF DEATH PART I. DEATH W	l (Enter o	nly one couse per	line for (p), (b), on	d (cs.)						IMATE INTERVAL ONSET AND DEATH
Trifica rifica phys emove				TE CAUSE (0)	Adar	NIV	vain	orn	Color			
ON S		SDS being blee			R AS A CONSEQUI	ENCE OF						
fion, from		Conditions, if ony,	which	( (b)						100		
1 W. PR		gove rise to imm couse (0), stating underlying couse	g the	DUE TO, OF	R AS A CONSEQUI	ENCE OF						
RDS, 20	NO NO	PART 2. OTHER SIGN	IFICANT	conditions co	ONTRIBUTING TO	DEATH BUT	NOT RELATE	D TO THE TERM	INAL DISEASE OR C	ONDITION GIV	EN IN PART 1	0.
he law re on. has been t permit.	CERTIFICATION	19a DATE OF OPERAT	ION	196. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFO	ORMED	200 AUTOPSY?	IN CERTI	S, WERE FINDIN FYING CAUSES	NGS USED OF DEATH?
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,  NG PHYSICIAN: The law requires that the death actific oftending physicion.  oftending physicion.  often this certificate has been sighed by the photost the build-incomplete on the ond Mental Hygiene prior to buyla. Exemption, or remonstered or them 18 shows any injury, or other traumatic ever		210. ACCIDENT WAS UNDI OR CONTRIBUTING C. (IF EITHER NOTIFY MEDIC	AUSE OF DE	HOUR A.	M. MONTH D	AY YEAR	21c HOW II	NJURY OCCURR	RED (ENTER NATURE OF	INJURY IN ITEM 18	PART I OR PART 2)	
DINISION O DINIC PHYSIC or after this cert is as the burial off hand Ment marked or then	MEDICAL	21d INJURY OCCURR	LE 🖂	21e PLACE ( (AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC )	211 LOCATI		CITYO	RTOWN	COUNTY	STATE
A S O E		sow the decease obove, (1) (we) (di				Dec.	nd that in my	, 19 <u>86</u> (our) opinion o	to Dez	e dote and hou		that (I) (we) lost
OR ATTEN OR ATTEN The hospital DIRECTOR DIRECTOR DIRECTOR DIRECTOR Them 21 is		22b. SIGNATURE	id) (did no	of) view the body	ofter deoth.		DEGREE				22c. DATE	
		PD	an	ulh	wo	SI		ATTENDING PHYSICIAN	MEDICAL S	TAFF SICIAN [		
0 0 7 7 7 0 1		22d. PHYSICIAN'S NA	ME (TYPE	16-			27e ADDRE	ss l	442 <1	A A	50 10	0.40
TO HO	23o. B	BURIAL, CREMATION, F	REMOVAL	236. DATE	236. 1	NAME OF C	EMETERY OR	CREMATORY	23d. LOCATION	O.A	To WA	J. Max
BP	(	Burial		Dec	20.86	Teve	Ceme	tens	Hongo	Shoe	Dage T	215450
999 DHMH 16 BOM 7/84	24 FL	MERAL DIRECTOR Lester	R.		Davi			JAN DAY	79 1966 ISTR	PARYSID REGIS	RAR'S SIGNAT	URE
(411.73, 4)						, ,,,	•			9		

- 10 July 3 10 July 50 The sext was S toll request street will will will be set to State of the control of the control

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2	1 - STATE OC REGISTRAR		DEPARTA		EALTH AND MENTAL HYG	IENE REG. N	10.			
0	1. DECEASED NAME FIRST	1	MIDDLE	L	LAST	20 DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR	
	Kathlee	n Ma	rie	KNO	DE	December	21,	1986	2:05	PM
-	1. SEX	4 RACE		5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BI	RTHDAY)	IF UNDER I YEAR	IF UNDER 2	
	/Female	White		May	14, 1928	58	YRS.	MONTHS DAYS	HOUR5	MIN.
	JE BIRTHPLACE (STATE CREDITION)	16 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNT	Y OF DEATH		
1	Maryland	US		WIDOWE	DIVORCED	Garrett				MD.
1	Oakland	Cuppett	-Weeks No	address) ursin	g Home	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST ON THE PROPERTY OF T	OF WORKING L	IFE) 126. KIND OI	BUSINES	SOR
5	Maryland Garr	11A	134 CITY OR TOWN  Oak land	N	134. INSIDE CITY LIMITS?	130 STREET ADDRESS Cuppett-We			Hm215	50_
	Elmer R	ichard	Knod		Nellie	Mae		Cot	trill	
7	THE WAS DECLASED EVER IN U.S. AR	MED FORCES? E WAR OR DATES)	215-09-7		Gary Knode R	t.2Bx#183		spt.,MD	21795	;
	gave rise to immediate cause (a), stating the underlying couse last  PART 2 OTHER SIGNIFICANT (  The DATE OF OPERATION  210, ACCIDENT WAS UNDERLYING	(c) CONDITIONS <u>CC</u>	DE NO	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	20b. IF YE	VEN IN PART 1 o	GS USED	1?
	i i					YES NO		ES 🗀	NO [	
		III	M. MONTH DA	Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	DRY IN ITEM 18	PART I OR PART 2)		
	OR CONTRIBUTING CAUSE OF DEA	21e. PLACE			211 LOCATION STREET	CITY OR TO	OWN	COUNTY	STA	Out to
	saw he deceased alive an above, (1) (we) (did) (did no				nd that in (my) (our) apinion (	deoth occurred on the d	late and ho	ur and from the a		
	226. SIGNATURE	In	De		ATTENDING PHYSICIAN	MEDICAL STA DIRECTOR PHYSIC	FF	12/2	21/86	
	P. Daniel Mi	0.11	.0.		311 N. 4th	Street Oak	land,	Marylan	nd 21	550
	23a BURIAL, CREMATION, REMOVAL	236 DATE	23c N	IAME OF C	EMETERY OR CREMATORY	23d LOCATION		CO.45		
	Cremation	Dec.22	2,1986 Sm	ithsh	urg Crematoriu	m Smi thsbu	rg Was	hington	Mary	land
	24 FUNERAL DIRECTOR		ADDRESS	V.130	25a. DAT	E REC D. BI REGISTRAR	25b. REGIS	TRAR'S SIGNATE	IRE	
	Major M.Osborn	e 1	Williamsp	ort,M	ID 21795 UE	C 2 9 1986	Autia	Tind .	0 .	

DHMH - 16 60M 7/84 (VRA 15, 4)

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DEC 17	86-	FOR STATE REGISTRAR			DEPARTA		IEALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	0.		
		OR PRINT	FIRST	-	MIDDLE	1	AST	20 DATE OF DEATH	MONTH D	AY YEAR	2b. HOUR
deoto	(III)	Fre	da		-n-	Lic	chty	December 1	11. 198	36	3:40P
Ď.	3. SE	(	4	RACE		5. DATE C		6. AGE IN YEARS LAST BIR		FUNDER 1 YEAR	IF UNDER 24 HRS
		Female		Whit	e	Janua	ary 30. 1919	67	YRS	JNIHS DAYS	HOURS MIN.
-83		RTHPLACE (STATE OR FI	OREIGN 7		WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY O		OF DEATH	
3)		ryland		USA		WIDOWS		Garrett			м
P	J0. C	TY OR TOWN OF DEA	TH 1		HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	120. USUAL OCCUPATI			F BUSINESS OF
5		Oakland					Hospital	Homemaker			Home
Pe	USU.	AL RESIDENCE (IF NURSI	NG HOME OR O	THER INSTITUTION,	GIVE RESIDENCE BEFORE	ADMISSION)	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS		I OWII	TOTAL
E		ryland	Garre		Oakland		YES NO W		268X	2155	0
Nine	14. FA	THER'S NAME	-13/4				15. MOTHER'S MAIDEN NA	ME	2007		
		Noah	M	S.	Lichty		Ada	MIDDLE		Bender	
0		VAS DECEASED EVER		ED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRE	SS	pender	
medico		res, no or unknown) <b>No</b>	(IF YES, GIVE	WAR OR DATES)	215-42-4	671	Freeman Lich	+11 - 5200 -	. 12		
0		18. CAUSE OF DEATH	+ (Enter only	one couse per			TI CEMAN DICI	icy - same a	18 13	APPROXI	MATE INTERVAL
event, th		PART I. DEATH W.	AS CAUSED	BY:	Sugart	- Con.	- mala	Put.		mor	
injury, or other	NOI	underlying couse PART 2. OTHER SIGN		ONDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 110	) ·
Sws ony	CERTIFICATION	196 DATE OF OPERAT	ION	19b. CONDI	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDIN	OF DEATH?
or Item 18 shows	_	21a. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEATH	21b. TIME O HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURE				
or He	MEDICAL	21d. INJURY OCCURR		21e. PLACE	OF INJURY		211 LOCATION				
	2	WHILE AT WORK AT WOR	ILE 🔲	(AT HOME, STR	REET, FACTORY, OFFICE, FA	ARM, ETC }	STREET	CITY OR TO	WN	COUNTY	STATE
		220.1 certify that (I)		ol) ottended the	e deceosed from_		19	to		9	that (I) (we) la
morked o			al allina an		19	, or	nd that in (my) (our) apinion (	deoth occurred on the do			
		sow the decease	o onve on _	and a second second							
21 is marked o			id) (did not)	view the body	offer deoth.		DEGREE			22c. DATE	SIGNED
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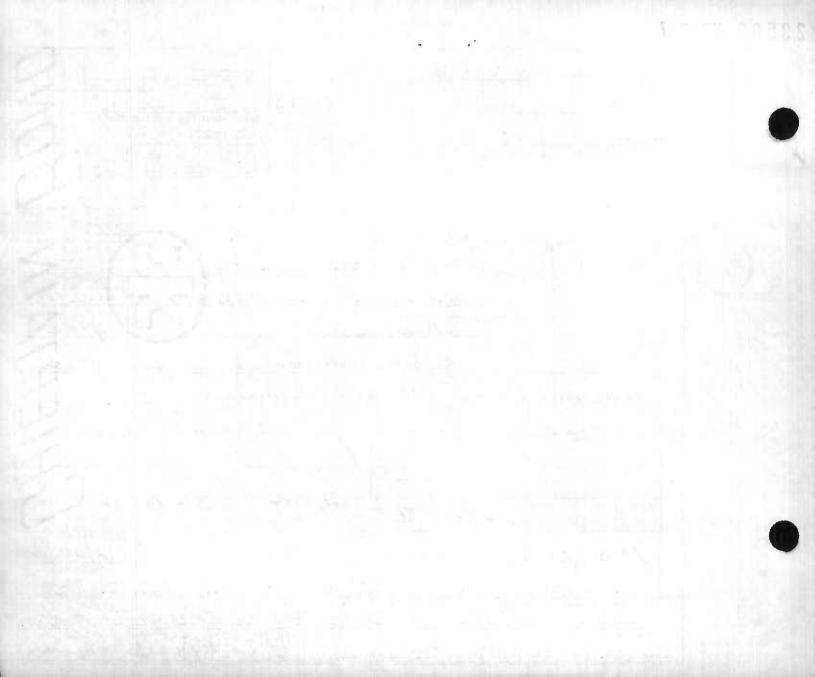
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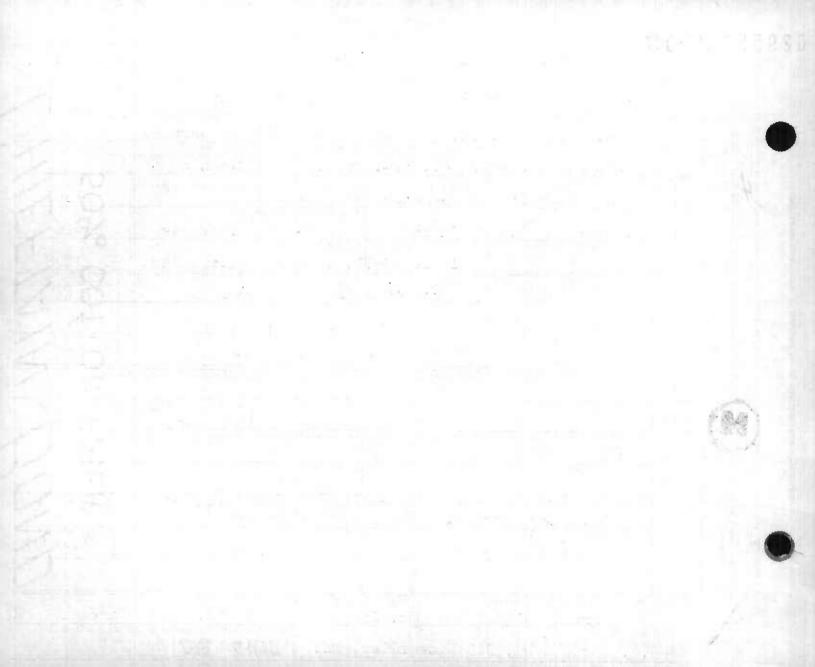
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•	L DIRECTOR MARY		ACTUAL SIGNATURE	Xam	W Z	Liccident	Joicide L	TITLE (SPECIFY)  DEPUTY			DATE		2-4-1	.986
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000	BO TOTA	23a.B			12/7/86	<sup>23</sup> 0a	ME OF CEMETERY Kdale Ce	or crematory emetery	23d 10C/ RDI	"Mever	sdal®	,So	m, P	ä.
1 /20/ /	DHWH - 17 (VR A15 ME (5))	24 F	NAME DIRECT	Leckon	y Mey	3 Nor	th St.	1555DEC	80	GISTRAR 756. F	REGISTRAR'S Devidson	SIGNAT	URE	
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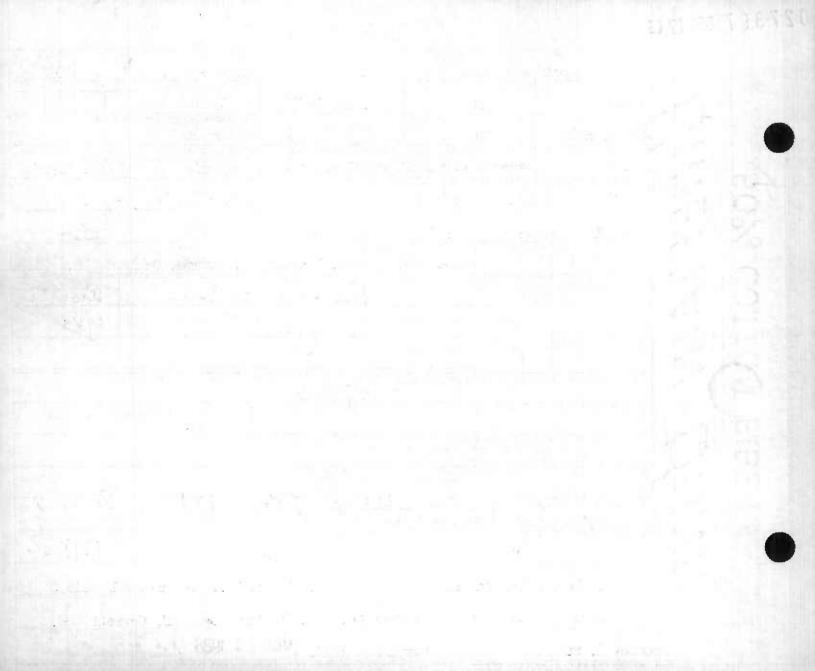
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, 0 0 0 0	I DE	CEASED NAME FIRST	wis	Wesley		AST Ch	26. DATE OF DEATH MONTH	29 86	9 A.
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Per l der	76 B	RTHPLACE (STATE OR FOREIGN COUNTRY)  Md.	76. CITIZEN OF	.A.	MARRIE WIDOWE	D NEVER MARRIED	9. BALTIMORE CITY OR COUNTY  Garrett	OFDEATH	
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4 35	USU.	AL RESIDENCE (IF NURSING HOME STATE 13b. CO Md. Gar	OR OTHER INSTITUTION UNITY	13c. CITY OR TOV		13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE	21	561
1 10/17	14. F/	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	MIDDLE	LAST	7 1/2 1
1 1/10		Civery	L.	Paugh		Elva	Victoria	Dav	ris
n and c	_(	VAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) IF YES,	ARMED FORCES? GIVE WAR OR DATES)	214-28		D.A.Burdoc	ADDRESS k Kitzmiller,	Md. 21	.538
quires that the death cert signed by the attending Then please remove carbor to burial, cremotion, ar ret njury, ar ather traumotic ex	NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.	(b)	OR AS A CONSEQUER AS	JENCE OF	Reconert NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIV	TYEN IN PART 1:0	347
(A) 22	CERTIFICATION	190. DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	IN CERTIF	S, WERE FINDIN YING CAUSES	
SIC LIN		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMS	DEATH HOUR A.		AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 F	PART I OR PART 2)	
dG PHYS attendin ter this c st the but h and Me	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE,	FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
spitol or CTOR. Al for use of Healt		22a.1 certify that (1) (this ho saw the deceased alive above, (1) (we) (did) (did	on De	29 196	36	nd that in (my) (oyr opinion	death occurred on the date and hou		that (1) (we) I couses stated
AL DIRECTOR AS THE HOST AND THE		226. SIGNATUR	lum				MEDICAL STAFF  DIRECTOR PHYSICIAN	224. DATE	29/50
TO HOSPITAL retained by th TO FUNERAL should be deto with the State IMPORTANT: II		724 PHYSICIAN'S NAME AN	A ON MOHE!			22e ADDRESS			
5 5 5 7 3 3		BURIAL, CREMATION, REMOV	AL 23b. DATE	23c	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	COUNTY	STATE
BP		Burial	12/31	/86 M	t. Z:		Mt. Zion	Garret	t N
DHMH - 16 60M 7/84		UNERAL DIRECTOR		ADDRESS			TE REC'D. BY REGISTRAR 256. REGIST	RAR'S SIGNATI	URE
(VRA 15, 4)	I	A. Burdock	Bx. 52	3 Kitzm	ille	c, Md.	N 7 - 1987 Julia	Doord .	Contract



7 129606 JAN	FOR 1 - STATE 1. REGISTRAR		STATE OF MARYLAND  BY THE ALTH AND MENTAL H  CERTIFICATE OF DEATH	YGIENE O S S S S S S S S S S S S S S S S S S
deoth O O O Number	1. DECEASED NAME (TYPE OR PRINT)	FIRST MIDDLE Emil Charl	es Pretzel	December 3/ 86 6:35 pm
tar. pa	3. SEX Male	RACE White	5. DATE OF BIRTH  7 DAY 7 22 190	6. AGE (INYEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 1 HRS MONTHS DAYS HOURS MIN.
h. Page al direc	70. BIRTHPLACE (STATE OR COUNTRY)	FOREIGN 76 CITIZEN OF WHAT C		BALTIMORE CITY OF COUNTY OF DEATH
ne funer within 7	Mich.		WIDOWED DIVORCED DIVORCED AL, NURSING HOME OR OTHER INSTITUTION	126 USUAL OCCUPATION 126, KIND OF BUSINESS OR
in by the new filled	Oakland	Garrett .	Memorial Hospital DENCE BEFORE ADMISSION)	Farmer   Agriculture
LAND 24 H	W.Va.		YOR TOWN CETON MILES NO S  15. MOTHER'S MAIDEN N	Rt. 4, Box 132
MARY and a with ted with and a with a with a with a wind a with a	Will	iam Pretz	LAST FIRST	MIDDLE Witt LAST
IMORE.	160 WAS DECEASED EVER (YES, NO OR UNKNOWN)	LIEVES GIVE WAR OR DATEST	-20-8091 Robert Pro	etzel, Bruceton Mills, WVa
ficate l'ificate l'apprission gapers	18 CAUSE OF DEAT PART I. DEATH V	H (Enter only one cause per light /AS CAUSED BY:  MMEDIATE CAUSE (a)	latito, and (c)	Jeral APPENDATE PRIEVAL
W. PRESTON S  To the death cer  By the affending  Sise remove Cerbos  Cremation, ere  ather traumatice	Canditions, if any gave rise to im cause (a), stati underlying cause	which mediate	in Lewer Couler	Dender dis Mentes
ined Inplead by, ar		NIFICANT CONDITIONS CONTRIBU	JTING TO DEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CONDITION GIVEN IN PART 1101
AL RECORDS  The low required.  The been significate to the prior to the prior to the prior to the prior to the standard or tows any injure.	190 DATE OF OPERA	TION 196, CONDITION FO	DR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
DIVISION OF VITA NG PHYSICIAN: TI oftending physicia free this certificate as the buriod-transif th and Avental Hygi orked or free 18 sh	OR CONTRIBUTING	CAUSE OF DEATH HOUR A.M. MC	Y ONTH DAY YEAR 19	JRRED (ENTERNATURE OF INJURY IN ITEM 18. PART 1 OR PART 2)
DIVISION NG PHYS of the this of the but the and My orked ar	21d INJURY OCCUR	THE CAT HOME, STREET, FACTO		CITY OR TOWN COUNTY STATE
TTENDS of Port of Trongs of Heal	saw the deceas	(this haspital) attended the deceased alive an did) (did not) view the bady after de-	- 19 and that in (my) (aur) apinio	in death accurred an the date and haur and fram the causes stated
TO HOSPITAL OR A  retained by the has  TO FUNERAL DIREC should be detached with the State Dept.	226. SIGNATURE  LUCK  226. PHYSICIAN'S N.	w & Man	DEGREE	22c. DATEAIGNED
	23a BURIAL, CREMATION, (SPECIFY) Buri		234 NAME OF CEMETERY OR CREMATORY Shady Grove Cemet	CITY OR TOWN COUNTY STATE
BP DHMH 14.60M 7/84 (VRA 15.4)	Orthur H	.1		ATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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02	739	970	EC 1	718	FOR STATE REGISTRAR			DEPARTA	MENT OF H		YLAND ID MENTAL HYG F DEATH	IENE BEG. N	اه.	Э ^.	
					CEASED NAME	FIRST		WIDDLE		AST		20. DATE OF DEATH	MONTH DA	YEAR	2b. HOUR
	- pe	poge 3 or deoth			Ha	rold	Le	eon	SCH	IL		December			1058A M
	E	fter o		3. SE		23/	4 RACE		5. DATE C		y YEAR	6. AGE (IN YEARS LAST BI		UNDER I YEAR	IF UNDER 24 HRS
	age of	urs a			Male		Whit		Oct	. 28,	1907	79	YRS		
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	deot	hin 7	3		est Virgini		USA		WIDOWE		DIVORCED [	Garrett			MD.
102	La Paris	by the filled with	3	(	ity or town of dea Dakland		Garrett	HOSPITAL, NURSING FACILITY, GIVE STREET, COUNTY 1	emor:	ial Ho	ospital	OSUAL OCCUPAT (TYPE OF WORK FOR MOST Mechanic		INDUSTRY	Repair
AND 21	3 2 2	filled in	25	130	AL RESIDENCE (IF NURSI STATE Md.	13b_COUN	OTHER INSTITUTION TO CETT	Oakland		13d. INSID	E CITY LIMITS?	Route #1,	Box 32	26 21	L550
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MA	ted v	Jamp!	2	1	Daniel		drew	Schell			Pearl		Corner Co	Mil]	
ORE,	Xecu	ges	dicol		WAS DECEASED EVER		MED FORCES?	16b SOCIAL SECU		17. INFOR		ADDR			131.55
TIM	pe e	5. Po	e med		YES, NO OR UNKNOWN)			232-26-32	254	Mrs.	Floretta	M. Savage	, Oakla		
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×.	4 15	r the	other		cause (a), stating underlying cause		DUE TO, O	r as a conseque	NCE OF		O				
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VII	AN: T		S. S. P.		210. ACCIDENT WAS UND	_		FINJURY M. MONTH DA	Y YEAR	21c. HOV	V INJURY OCCURE	RED (ENTER NATURE OF IN)	URY IN ITEM 18 PAR	I ORPART 2)	
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	O HOSPITAL	should by	MPORTANI				Johnson			311	N. Fourt	h St., Oak	land, M	id. 21	550
			≥ .	23a. 1	BURIAL, CREMATION,	REMOVAL					OR CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE
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		H - 16 60M (VRA 15, 4)			uneral director addey A. S	tewar	ct Oak	land, Man	yland	1 215	550 ILE	e recip. By registral 1 1 1986	ulia Dan	R'S SIGNAT	URE



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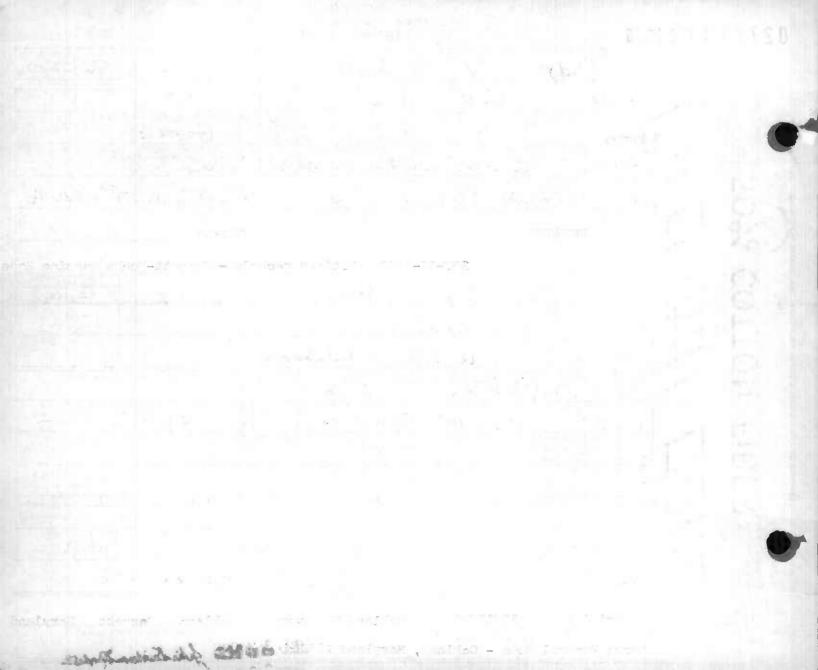
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W.	T NWS Z	-0	14 FATHER'S NAME FIRST			MIDDLE		LAST		15. MOTHER'S MAIDEN NAME				LAST					
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OWI	N N O N N	0		WAS DECEASED EVER IN U.S. ARMED I			FORCES? 166. SOCIAL SECURITY NO.			17. INFOR	THAN			ADDRES	t. ]		Box 320		
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	NA CHARLE	3		death resulted fig		ol couses		Accident	$\Box$ / /	icide _	Homic	ide .	Undete	ermined mar					
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	A SA			EXAMINER'S NAM	James	H. 1	Feast	er,	1 ., M	. D.	10	7 S.	2nd.	St.,	Oak La	and,	Mi.	174	
	A DAY OF A STATE OF A	gr.		(TYPE ON PRINT)							ADDRESS_								
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3 4 3	AND WALL (2)	17	1	ester R	• UTU	VIE.		OX I	OO D	ATS	, w	2	2 141	9	year No	cordery	· Kans	lack	1

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02	7578 DE	11	STATE BREGUTRAR			IEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO	).	
		Name of the last	CEASED NAME FIRST	MIDDLE		LAST		MONTH DAY YEAR	2b HOUR
	# 5.5	(1YP)	Gladis	$\vee$	Sn	nish	1	2 11 86	, 2260 M
	pe 4 mo	3. SE	x Female	1. RACE White	5. DATE O	DF BIRTH	6. AGE (IN YEARS LAST BIRT	MONTHS DAY	
-	1 1199	1	IRTHPLACE (STATE OR FOREIGN COUNTRY)  Inknown	76 CITIZEN OF WHAT CO	OUNTRY? 8. MARRIE WIDOW	D NEVER MARRIED		COUNTY OF DEATH	MD.
10	1 1165		Jakland	11. NAME OF HOSPITA	L, NURSING HOME (	DROTHER INSTITUTION	12a USUAL OCCUPATION		OF BUSINESS OR
ND 212	1135	13U 13a.	AL RESIDENCE (IF NURSING HOME OF STATE 136. COUN	VIY	Y OR TOWN	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS / Cuppers - W.	ZIP CODE THE	Mas B.
MARYLA	11/10	14. F.	ATHER'S NAME FIRST UNKNOW	MIDDLE	LAST	15 MOTHER'S MAIDEN NA	ME MIDDLE UNKNOWN		LAST
MORE	John John J		WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	/E WAR OR DATES)	-26-3468	Patient reco	ADDRE		ursing Hom
, PRESTON ST., BALT	the death certificals to the otherding physicia remotive cother depoten- tion of remotive. He froundic event, the	1	Canditions, if ony, which gave rise to immediate couse (0), stoting the	DUE TO, OR AS A C	ONSEQUENCE OF	Filher		APPR BETWE	2 days
RDS, 201 W	equires that a signed by Then please to burial, o	NOI	PART 2. OTHER SIGNIFICANT	107	- Annual -	NOT RELATED TO THE TERM	NINAL DISEASE OR CONE	DITION GIVEN IN PART	lio
1 RECO	has been	CERTIFICATION	12/10/76	DISPLACE		OSC OPH	YES NOTA	20b. IF YES, WERE FINING CAUS	DINGS USED SES OF DEATH?
DIVISION OF VITAL RECORDS, 201	SICIAN T	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING CORCONTRIBUTING CAUSE OF DEA	HOUR A.M. MC	ONTH DAY YEAR	216. HOW INJURY OCCURI	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2	2)
IVISIO	offer this is the band is seed on	MED	NOT WHILE AT WORK	(AT HOME, STREET, FACTO		STREET	CITY OR TOV	wn COUNTY	STATE
	prior or CTOR, A for ute of Health		22a.1 certify that (1) (this hasp sow the deceased alive an above, (1) (we) (did) (did no			nd that in (my) (our) opinion	death occurred on the do	te and hour and from t	_, that (I) (we) last the couses stated
	PALOR OF THE PORT OF THE PO		22b. SIGNATURE	h			MEDICAL STAF		TE SIGNED
	O FUNE hould be hould be to the S			15h/in		P.O. Box 8		N 26716	
	RP	230	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	12/15/86		cemetery or crematory and Cemetery	23d LOCATION	County	Manual and
	DF	24. F	UNERAL DIRECTO	M.L mee	+	250 DAT	TE REC'D. BY REGISTRAR	Gerrett 354 REGISTRAR'S SIGN	Maryland
	DHMH - 18 60M 2/84				ADDRESS Mary	land 215	4000 Ja	F	



DIVISION OF VITAL RECORDS

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR			CERTIFICATE OF DEAT	H	REG. NO.		
DECEASED NAME	Lewis	Edgar	STEMPLE		December 1, 198	B6	2b. HOUR 0014 A
3 SEX		4 RACE	5 DATE OF BIRTH		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
Male		White	December 10, 1	1910	76 YRS	MONTHS DATS	HOURS MIN
West Vire	inia	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRI		9 BALTIMORE CITY OR COUNTY Garrett	OF DEATH	M
HI CITY OR TOWN O	F DEATH	11. NAME OF HOSPITAL NURSIN	IG HOME OR OTHER INSTITUTION	ON	12n USUAL OCCUPATION	12h KIND O	E BLISINESS OF

Carrett County Memorial Hospital TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Oakland Civil Service Post Office WSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) Preston Rt. #1, Box 67 134 INSIDE CITY LIMITS? W. Va. Aurora 26705 NO X & FATHER'S NAME IS MOTHER'S MAIDEN NAME

MIDDLE MIDOLE Stemple Hess Laura **ADDRESS** 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT YES NO OR UNKNOWN)

232-16-0764 Frederick H. Stemple, See #13 above APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY Minutes IMMEDIATE CAUSE A CONSEQUENCE OF Canditions, if any, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last Years

CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX YES [ 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH MEDICAL

LIF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED 211 LOCATION 71 PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME STREET FACTORY OFFICE FARM ETC.)

NOT WHILE 220 I certify that (I) ( COO COC attended the deceased from

and that in (my) XX apinian death accurred on the date and hour and from the causes stated abave, (I) XX (did) XIXX 72h: SIGNATURE DEGREE 220 DATE SIGNED

ATTENDING I MEDICAL 12/2/86 PHYSICIAN DIRECTOR PHYSICIAN

Dr. Robert Goralski, MD 311 W. Fourth St., Oakland, Md.

23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL

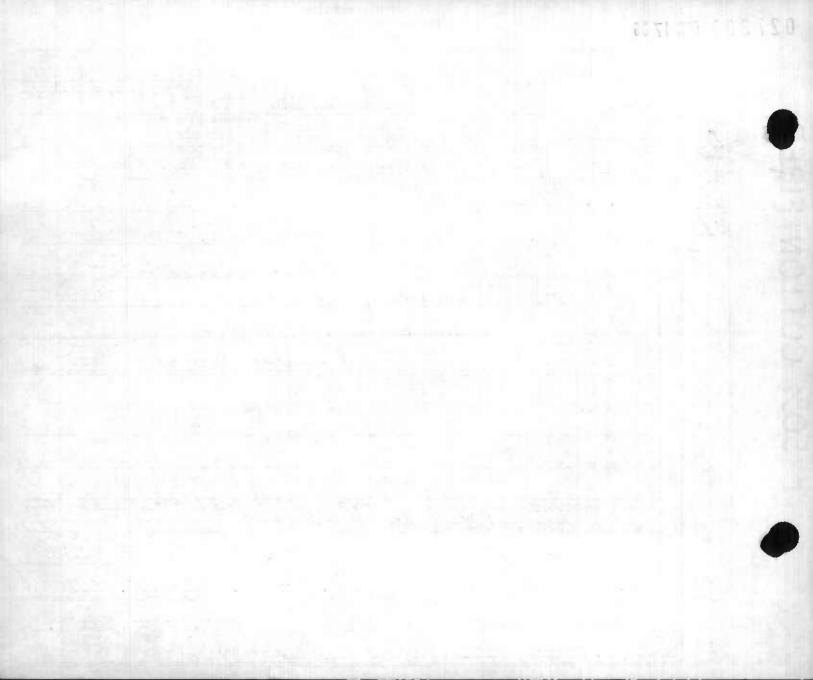
12/3/86 burial Aurora Cemetery Preston. West Va Aurora. 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Bradley A. Stewart

DHMH - 16 60M 7/84 (VRA 15, 4)

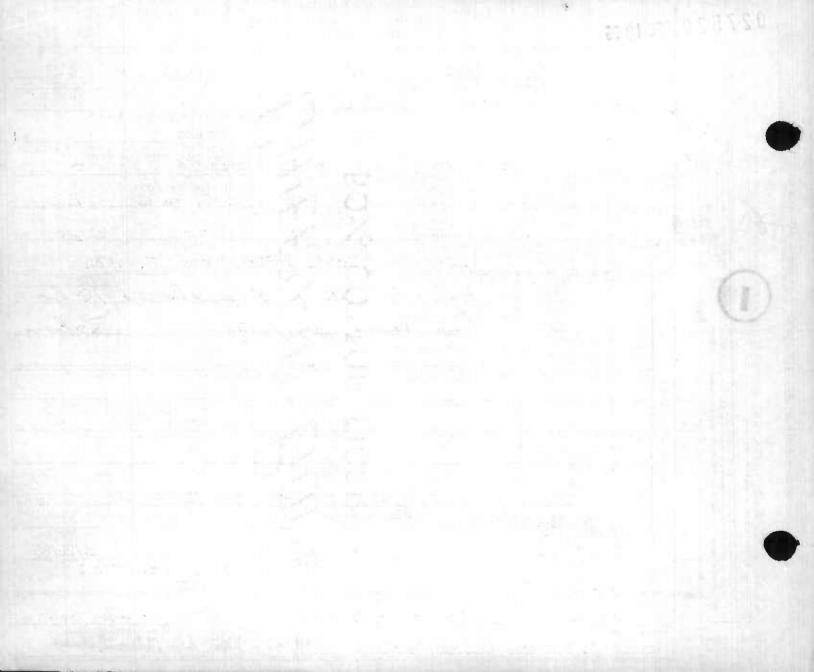
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Oakland, Maryland 21550 in Dendura Kan

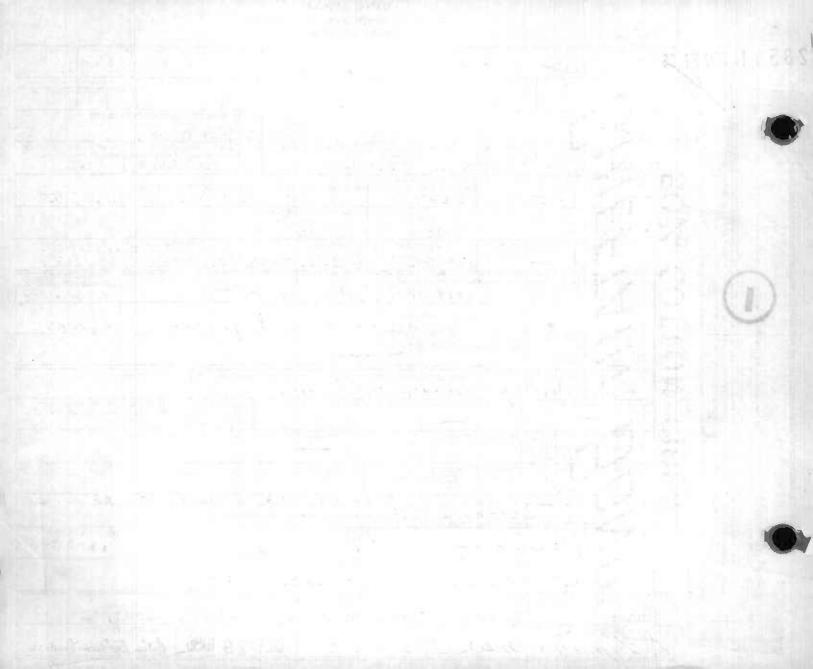


STATE OF MARYLAND REG. NO DECEASED NAME 20 DATE KNOWN DAY CHIEF CHIPPING 26, 86 812A Virginia Estella Taschenberger DEATH MATED & AGE (IN YEARS | IF UNDER 1 YR DATE 2d HOUR LAST BIRTHDAYI PRONOLINCED 26, 86 9A Aug. 14. DEAD White 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Garrett Maryland 10 CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12h KIND OF BUSINESS Oakland Dennett Road Manor Nursing Home Homemaker WAL RESIDENCE LIF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 13c CITY OR TOWN YES TO Dennett Road Oakland 21550 Maryland Garrett IS. MOTHER'S MAIDEN NAME William Harvey Recklev Sarah House 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT 16b. SOCIAL SECURITY NO ADZO3 S. 7th Street 213-64-9327 Janet E. Shaffer Oakland. Md. 21550 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY -the Cause (a) Dehydration Days DUE TO OR AS A CONSEQUENCE OF Canditions, if any, which Weeks Malnutrition gave rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF Ivina cause last Months @ Oesophageal stricture PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) Fr. left hip ASCVD 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20 AUTOPSY? Open reduction fractured left hip. 3-1-1986 YES NO X HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH & KX 2 28 1986 Slipped and fell at nursing home. 21d. INJURY OCCURRED Nursing Home 1113 Mary Drive Oakland Garr. Md. STATE AT WORK AT WORK Inspection X 22a. I certify that book charge of the remains described above held on Inquiry X Autopsy and in my opinion Notural causes X Suicide death resulted from: Accident / Undetermined manner TITLE (SPECIFY) DATE 12-26-1986 DEPUTY MEDICAL EXAMINER EXAMINER'S NAMEJames H. Feaster, Jr., M. D. 107 S. 2nd. St., Oakland, Md. 230. BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial Davis Memorial Cumberland 07/84 24 FUNERAL DIRECTOR **DHMH - 17** Julia Devidson Randall (VR A15 ME (5)) William G. Kight Cumberland.

The state of the s 20257 78257 toppedupdocate atmigate the nachted been domined a se lateloin stories, hard the lateloin Malitam Migray II | coleley | Squah Tiem. Stell Stell Stell-9557 Johnston. Christer Caking, Md. 21550 - AND THE PARTY AND THE STORY AND A LANGUAGE TO A CONTRACT OF A CONTRACT Ministration of the Control of the C



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH DAY 26 HOUR MIDDLE OR PRINT December 22. Kelly UPOLE. 1986 1:16 Am Ford Sr. 6 AGE (IN YEARS LAST BIRTHDAY) 4 RACE 5. DATE OF BIRTH MONTH May 1916 Male White BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? O BIRTHPLACE (STATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY Maryland USA DIVORCED K WIDOWED Garrett County 12h, KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Roads Dakland Cuppett-Weeks Nursing Home Construction ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13e STREET ADDRESS / ZIP CODE 130 STATE 1 13d. INSIDE CITY LIMITS? Accident Star Route, Box 21A, Maryland Garrett 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE MIDDLE Upole Visa Lish Asa ADDRStar Rt., Box 21A 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO Kelly F. Upole, Jr., Accident, MD 21520 172-16-6832 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: 10 minut IMMEDIATE CAUSE (a) un etastatic concer ol Canditians, if any, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 90 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO 71a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY COUNTY CITY OR TOWN STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) June 2-220.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive an December 18 19. 8.6., and that in (my) (ewr) apinian death accurred on the date and hour and from the causes stated abave, (1) (we) (did) (did nat) view the body after deat 22c DATE SIGNED 226 SIGNATURE DEGREE ATTENDING MEDICAL 2-23-86 PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 21520 Accident, MD Walter K. Naumann, M.D. 23d LOCATION 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23g BURIAL CREMATION REMOVAL CITY OR TOWN STATE Accident, Garrett, MD 12-24-86 Bear Creek Cemetery Burial 24 FUNERAL DIRECTOR DHMH - 16 60M 7/B4 all Grantsville, MD ulia. Davidson (VRA 15, 4)



3 2 3 DEC 2	- STATE REGISTRAR		STATE OF MARYLAND  MENT OF HEALTH AND MENTAL HYG  CERTIFICATE OF DEATH	REG. NO.	
3 74 6	EASED NAME LEOT	na Elva	Wolfe	12 DATE OF DEATH 14 19	986 PAR 26 HOUR 9:
1 1 9	Female	4. RACE White	5. DATE OF BIRTH 22NTH 17 1913	6. AGE (IN YEARS LAST BIRTHDAY) 73	MONTHS DAYS HOURS
1 11 75	7g. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY Garrett	OFDEATH
1 1/8	Oakland		G HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION LITTE OF WORK FOR MOST OF WORKING LIF HOUSEWITE	12b. KIND OF BUSINES INDUSTRY Home
1135	Md.	e or other institution give residence before DUNTY 13, CITY OR TOW ATTEST. KITZMI	ller yes No R	13e STREET ADDRESS / ZIP CODE BX. 39 215.	38
A Salah	Walter	MIDDLE Stewar		e MIDDLE	Stewart
Headon	160 WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL SECU 235-30-		ock Bx. 523 Ki	
the death centrals the other death of the central process control of the central centr	PART I. DEATH WAS CA IMMEI Conditions, if any, which gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE	ocordial Infarction Congestive Heart	Vs Pulmonzm EntoJus Friture	APPROXIMATE INTERVENT ON SET AND D
The low requires that ion.  Not been signed by a permit. Their please erre prior to buriel.  The control of their please erre prior to buriel.	Chyon	nic Obstructive !	DEATH BUT NOT RELATED TO THE TERM  UJM. DISCESS  OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES	EN IN PART 1(0)  S, WERE FINDINGS USED YING CAUSES OF DEATH S NO
G PHYSICIAN : other days physical physical physical physical from the build from and Abengal Hygine and Aben	21a. ACCIDENT WAS UNDERTYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED  WHITE AT WORK AT WORK AT WORK	FDEATH HOUR A.M. MONTH DA	AY YEAR 19 211 LOCATION	RED (ENTER NATURE OF INJURY IN ITEM 18 F	COUNTY STA
c ATTENDEN haspitol or BECTOR, Att ed for use a pr. at Health	220.1 certify that (I) (this.h.	or and the deceased from 19 14 15 15 15 15 15 15 15 15 15 15 15 15 15	, and that in (my) (our) opinion	death occurred on the date and hou	19_86_, that (I) (and and from the causes state
o HOSPIT found by the O FUNERAL LIS manifold be detective in the State De WPOKTART, if it	224 PHYSICIANS NAME (T	E. Schwalm	ATTENDING PHYSICIAN 2	DIRECTOR PHYSICIAN D	12/15/86
BP	230. BURIAL, CREMATION, REMOVE BULLIAL		NAME OF CEMETERY OR CREMATORY albaugh	Elk Garden M	lineral W
DHMH - 16 60M 7/84 (VRA 15, 4)	D.A. Burdock	Bx. 523 Kitzmi	25a. DA	TE REC'D. BY REGISTRAR 258, REGIST	RAR'S SIGNATURE

